

Property/Facility Name  
Address

### Optional Statement by Licensed Environmental Professional Form

Certification of Licensed Environmental Professional (LEP):

I certify to the best of my knowledge and belief that the information presented in the Decision Document is true, accurate and complete, representative of site conditions, and that the restrictions contained in this proposed ELUR will effectively protect public health and the environment from the hazards of pollution. This statement is made on behalf of the:

- Property owner or duly designated agent
- Certifying party
- Property owner which is the certifying party
- Other: [redacted]

The "Rules of Professional Conduct" (RCSA Section 22a-133v-6) apply to all professional services provided by a LEP.

\_\_\_\_\_  
Signature of LEP

[redacted]  
LIC #

[redacted] / [redacted] / [redacted]  
Date

Name: [redacted]

Firm Name: [redacted]

E-mail Address: [redacted]

Address: [redacted]

City/Town: [redacted]

State: [redacted] Zip Code: [redacted]

Business Phone: [redacted]-[redacted]-[redacted] Ext.: [redacted]

Fax: [redacted]-[redacted]-[redacted]